



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

September 11, 2007

Dave Barclay, Administrator
Tenabo Homes Assisted Living
3755 High Grove Lane
Nampa, ID 83687

Dear Mr. Barclay:

On August 16, 2007, a Complaint Investig. survey was conducted at Tenabo Homes Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 25, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure



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Dave Barclay, Administrator
Tenabo Homes Assisted Living
3755 High Grove Lane
Nampa, ID 83687

Dear Mr. Barclay:

On August 16, 2007, a complaint investigation survey was conducted at Tenabo Homes Assisted Living. The survey was conducted by Donna Henscheid, LSW and Karen McDannel, RN. This report outlines the findings of our investigation.

Complaint # ID00002795

Allegation #1: The facility did not provide a safe and secure environment for residents with cognitive impairment.

Findings: Substantiated. The facility was cited under 16.03.22.250.14 for not maintaining a secure interior environment for residents with cognitive impairment. On August 16, 2007 it was determined, a resident with a history of elopement was living at the facility and the facility did not have a security system in place to alert staff.

Allegation #2: The facility retained residents above their level of care.

Findings: Unsubstantiated. While the allegation may have occurred, it could not be determined during the investigation. On August 16, 2007 at 8:00 a.m. through 3:00 p.m., 8 of 8 residents were observed for ADL (activities of daily living) functioning. All eight residents' ADL needs were being met by staff. On August 16, 2007 during record review, the NSA's of 2 of 2 sampled residents were determined to be developed to adequately to define and provide appropriate direction to staff. Two family members were interviewed and they expressed satisfaction with the care.

Allegation #3: The facility did not follow daily menus.

Findings: Unsubstantiated. While the allegation may have occurred, it could not be determined during the investigation. On August 16, 2007 the menus were reviewed for the months of July and August. The menus were signed by a registered dietitian. At 8:00 a.m., six residents were observed eating breakfast. The meal observed followed that day's planned menu. Preparation of lunch was also observed and the lunch items were consistent with the menu.

Allegation #4: The facility did not provide employee orientation or specialized dementia and mental illness training.

Findings: Unsubstantiated. While the allegation may have occurred, it could not be determined during the investigation. On August 16, 2007, three employee records and the training program were reviewed and contained proof of orientation training and appropriate specialized training. On August 16, 2007 two employees interviewed, confirmed they had received specialized training.

Allegation #5: The facility RN did not complete appropriate resident assessments.

Findings: Unsubstantiated. While the allegation may have occurred, it could not be determined during the investigation process. On August 16, 2007, three resident records were reviewed and each contained current and complete nursing assessments which were signed and dated by the facility RN.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



DOINNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Donna Henscheid, LSW, Health Facility Surveyor



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Tensas Homes A.L.	Physical Address 2867 South Bevilbooth	Phone Number (208) 898-5880
Administrator David Barclay	City Meridian	ZIP Code 83642
Survey Team Leader Donna Henschel	Survey Type Complaint Survey	Survey Date 8/16/07
NON-CORE ISSUES		

[illegible]

Date Signed _____

8/15/07